

CLAIMANT'S NAME

SOCIAL SECURITY NUMBER

State of Washington – Employment Security Department
UNEMPLOYMENT INSURANCE CONTINUED CLAIM FORM

SHARED WORK PROGRAM

IF YOUR NAME, ADDRESS OR TELEPHONE NUMBER HAS CHANGED
 SINCE YOUR LAST CONTACT WITH THE SHARED WORK UNIT,
 SHOW THE CORRECTION HERE.

OFFICE USE ONLY

ADDR CHANGE? ___ IPR? ___ OUT-OF-AREA? ___ LATE? ___

IMPORTANT: If your name, address and/or telephone number is
 incorrect, please show corrections here.

Name

Address

Address

City: _____ State _____ Zip _____

Phone No. Area Code () _____

**ANSWER ALL
 QUESTIONS BELOW**

I am claiming unemployment benefits for the calendar
 week(s) ending midnight Saturday. **THE DATES ARE:**

FIRST WEEK
SECOND WEEK

	YES	NO	YES	NO
1. Were you physically able and available for work each day? (If "No", complete "A" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you make an active search for work each week as directed? (If you are an active shared work participant, answer "Yes" to this question.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Did you refuse any offer of work? (If Yes, complete "A" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you applied for or did you receive workers or crime victim's compensation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you applied for or did you have a change in pension? (If Yes, complete "B" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Did you receive pay in lieu of notice or termination pay? (If Yes, you must complete section "C" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you work or have paid sick, vacation, and/or holiday hours or earnings? (If Yes, you must provide all hours and earnings in section "D" below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attention: All **paid time**, including sick, vacation and holiday hours and earnings **must** be reported as work hours and earnings are reported in question number 7, "Did you work?" (If yes, you must provide all paid hours and earnings in section "D" below.)

Example: If you have 16 regular work hours, plus 16 hours of paid sick, vacation and/or holiday, you will report a total of 32 regular work hours.

A If you answered "**NO**" to questions 1, please provide date(s) _____, and hours _____ for the time you were not available. Was this unpaid time off? yes ☐ no ☐. Please explain why you were not available for regularly scheduled work hours as provided by the shared work employer: _____

If you answered "**YES**" to question 3, please provide date(s) _____ and hours _____.
 Please give specific details: _____

B If you answered "**YES**" to question 5, please provide the following information about your pension.
 Pension source? _____; Is it: ☐ a new pension? or ☐ a change in an existing pension?
 New or changed monthly amount before deductions is \$ _____; Effective date of this new or changed pension is _____.

C If you answered "**YES**" to question 6 for in lieu of notice or termination pay, provide hours and earnings.
1st Week: Hours _____ Earnings \$ _____ 2nd Week: Hours _____ Earnings \$ _____

D If you answered "**YES**" to question 7 for did you work, provide employer's name, hours, and earnings
 (include all paid sick, vacation and holiday hours and earnings).

Shared Work Employer's Name _____

 First Week: **Hours** _____ **Earnings \$** _____

 Second Week: **Hours** _____ **Earnings \$** _____

 If not scheduled to work after week(s) claimed,
 check reason why:

 1 ☐ QUIT; 2 ☐ FIRED; 5 ☐ LACK OF WORK;

 9 ☐ LACK OF WORK, HOURS REDUCED;

LAST DAY OF WORK _____

Second Employer's Name _____

Address _____

 First Week: **Hours** _____ **Earnings \$** _____

 Second Week: **Hours** _____ **Earnings \$** _____

 If not scheduled to work after week(s) claimed,
 check reason why:

 1 ☐ QUIT; 2 ☐ FIRED; 5 ☐ LACK OF WORK;

 9 ☐ LACK OF WORK, HOURS REDUCED;

LAST DAY OF WORK _____

If you do not provide this information, the Shared Work Unit can not process your claim for benefits.

– PLEASE READ CERTIFICATION STATEMENT AND SIGN HERE BEFORE TURNING IN YOUR CLAIM FORM –

I certify that all information I provided on this form is correct. I know
 the law imposes penalties for false statements made on this claim.

X

CLAIMANT'S SIGNATURE

EMSX 5325-SW (Rev. 4/04)